

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>3-3-00</u>		2 Serial/Patent # <u>09/015,458</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
✓	Petition	16	6-23-99	\$ 130.00						
	Issue			\$						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
		7 TOTAL AMOUNT OF REFUND		\$ 130.00						
10 REASON:		8 TO BE REFUNDED BY:								
Overpayment		✓ Treasury Check								
Duplicate Payment		Credit Deposit A/C #:								
✓ No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
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PTO Error										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Fred Silverberg</u>		TITLE: <u>Senior Legal Advisor</u>								
SIGNATURE: <u><i>Fred Silverberg</i></u>		PHONE: <u>305-9282</u>								
OFFICE: <u>DAC PPP / SPLO</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u><i>Jamie Ford</i></u>		DATE: <u>3-7-00</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**